

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12	1					
13		1				
14		1				
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42		1				
43		1				
44		1				
45	1					
46		1				
47		1				
48		1				
49		1				
50	1					
TOTAL IND.	11					
TOTAL DEP.	47					
TOTAL CLAIMS	58					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53	1					
54	1					
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97						
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99						
100						
TOTAL IND.	3					
TOTAL DEP.	1					
TOTAL CLAIMS	4					

BEST AVAILABLE COPY